FORM CD-491A (REV. 3-88) LF									U.S. DEF	PARTMENT OF COMMERCE
HONOR AWARDS NOMINATION ADDENDUM (Complete one block of information for each additional nominee)										
0										
Group (List all surnam	es)									

DESCRIPTION OF N		- N								
1. Ms. Dr.	☐ Miss ☐ Mrs.	2. Name (a	(as it will appear on certificate)							
☐ Mr. ☐ Other (specify) 3. Empl. SSN 4. Service Comp. Date 5. P				I		Middle Name (or initial)				
		1	Name (or initial) ation of Name		Middle Name (or initial) Last N					Suffix
6. Nominee's Operating Unit or Departmental Office 10. Classification				n Title					11. Pay Plan, Series, Grade	
12. Organization				al Title (if any)					13. Other awards or honors	
									receiv	ed
7. 1st Subdivision					A d	14. Bldg.	15. Rm. No	16. Phone No.		
8. 2nd Subdivision				- W o		17. Street Address				
				r	e					
9. Immediate Organization					k s s 18. City, State, ZIP Code					
DESCRIPTION OF NOMINEE					1 1					
1. Ms. Dr. Miss Mrs. 2. Name (as it will appear on certificate)										
□ Mr □ Oth	or (specify)									
☐ Mr. ☐ Other (specify) First Name (or initial)						Middle Name	(or initial)	Last Name)	Suffix
3. Empl. SSN	4. Service Comp. Date	5. Pronunc	iation of Name	•			,			
6. Nominee's Operating Unit or Departmental Office 10. Classification					n Title					lan, Series, Grade
to. Nonlinee's Operating Only of Departmental Onlice			To. Olassinoation	AUDIT FILE					11.1 dy 1	ian, denes, diade
12.				12. Organizational Title (if any)						awards or honors red
7. 1st Subdivision				\top	_	14. Bldg.	15. Rm. No	16. Phone No.		
					A d					
8. 2nd Subdivision				W d o r 17. Street Address						
9. Immediate Organization				r e k s 18. City, State, ZIP Code					1	
					s					
DESCRIPTION OF NOMINEE										
1. Ms. Dr.	☐ Miss ☐ Mrs.	2. Name (a	as it will appear on	certi	fica	ite)				
☐ Mr. ☐ Othe	er (specify)			1			1		ı	
3. Empl. SSN	4. Service Comp. Date	 	Name (or initial) ation of Name			Middle Name	(or initial)	Last Name		Suffix
3. Lilipi. 33N	4. Service Comp. Date	J. Floriulici	ation of Name							
6. Nominee's Operating Unit or Departmental Office 10. Classification				Title				11. Pay Plan, Series, Grade		
12. Organizationa				val Title (if any)				13. Other awards or honors		
12. Organization				nai Titie (ir any)				received		
7. 1st Subdivision		-			Α	14. Bldg.	15. Rm. No	16. Phone No.		
8. 2nd Subdivision					d d	17 Stroot Ad	drace			
S. Elia Subdivision				o r	•					
9. Immediate Organization				k		18. City, State, ZIP Code				